Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

| Establishment Name SUBWAY #3350 Address 2743 CHARLESTOWN RD, NEW ALBANY IN 47150 Owner UMANG PATEL Owner's Address 6712 ELMCROFT CIR LOUISVILLE, KY 40241 Person in Charge | Est 81 Own (8 | rpose Routine Complaint | Date of Inspection 08/01/2022 Follow Up | ID# Released 08/11/2022 | |
|--|---------------|--|--|--------------------------|--|
| NARENDRA PATEL Responsible Person's Email SUBWAYKYIN@GMAIL.COM Certified Food Handler UMANG PATEL | | Pre-Operational Temporary HACCP Other (list) | | Menu Type 1 2 _X 3 4 5 | |
| CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R" Section # C NC R Narrative To Be Corrected | | | | | |
| | | | | | |
| Summary of Violations C NC Received by (name and title printed): | | ected by (name and title | printed): | | |
| UMANG PATEL | | Thomas Snider CFS | | | |
| Received by (signature): | | Inspected by (signature): Thomas Snider | | | |
| cc: | cc: | | cc: | | |